

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028858

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7349

STATE FILE NUMBER

FILED AUG. 6 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE - (Where deceased lived. If institution: - Residence before admission)

a. STATE Missouri COUNTY

c. CITY

OR  
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

St. Anthony's Hospital

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

1306 Monroe Street.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

WALTER

First

J. KOZIATEK

Last

4. DATE

OF  
DEATH

Month

Day

Year

July 24th, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

11/2/1898

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Pressman

10b. KIND OF BUSINESS OR INDUSTRY

Garrison Wagner

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Joseph J. Koziatsek

13b. MOTHER'S MAIDEN NAME

Rose Grabowski

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, ☐ or unknown) (If yes, give year or dates of service)

no

none

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Stanley Koziatsek 5566 Mardell Av.

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease with  
Alcoholic Intoxication

INTERVAL BETWEEN

ONSET AND DEATH

Unk.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

1) Multiple Kidney Abscesses 2) Partial small bowel Obstruction

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

8-25-56

to

7-24-62

and last saw

him

alive on

7-24-62

Death occurred at

10:40 A.

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Henry Cooper M.D.

22b. ADDRESS

815 Olive St.

22c. DATE SIGNED

7/25/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

7/27/62

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

JOHN STYGAR &amp; SON 5541 RIVERVIEW BLVD.

25. DATE RECD. BY LOCAL REG.

JUL 26 1962

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J. M. Rister*

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.